



Construction Trades Qualifying Board APPLICATION FOR INACTIVE STATUS

APPLICATION FEES

INACTIVE STATUS FEE.....\$ 150.00
(Business Application not applicable to Journeyman and Maintenance man applicants)

MAKE CHECK PAYABLE TO MIAMI-DADE COUNTY

Refunds may be granted **only** for exam categories under specific circumstances outlined in Section 10-23 of the Code of Miami-Dade County. In those cases where a refund is applicable, there will be a non-refundable processing fee of \$80. Refund requests must be made in writing no later than six months from the exam date. Original receipt must be presented for a refund.

APPLICATION SUBMITTAL

Return this application and all supporting documents by mail to the Miami-Dade County Building Code Compliance Office, Contractor Licensing, 140 W. Flagler Street, Suite 1602, Miami, FL 33130-1563. You may also hand deliver documents to Contractor Licensing located on the 16th floor of the same building. If you have questions, please contact one of the following Contractor Licensing staff at (305) 375-2901.

Licensing Clerk
Licensing Clerk
Licensing Clerk
Licensing Clerk
Supervisor

Dorothy Woon
Valease Floyd
Lourdes Maytin
Alison Corvetto
Maria Moreno
Shirley Brown

*For Engineering categories, return application and all supporting documents to the Public Works Department at 111 NW 1st Street, Suite 1510, Miami, FL 33128. For further information call (305) 375-2705.

FILING DATE

All licensing categories requiring an exam must be reviewed and approved by the Contractor Enforcement Section and the Construction Trades Qualifying Board prior to taking an exam. The completed application along with the supporting documents as required with the fee must be received at least thirty (30) calendar days before the next scheduled CTQB meeting. A notice will be sent to the applicant indicating the date, time and location of the requested examination at least 10 days prior to the next scheduled exam.

Construction Trades Qualifying Board

AFFIDAVIT (INACTIVE STATUS)

I, _____ desire to change my current affiliation as qualifier of
(Name of Qualifier)

_____ in order to place my business certificate in an INACTIVE status.
(Name of Business entity)

I further state that as a result of the operation of this contracting business, I have no personal unpaid obligations except as listed below.
(If you have obligations, indicate also what arrangements have been made for payment).

I further state that the business stated above has no unpaid obligations except as listed below. (If it has obligations, indicate also what
arrangements have been made for payment).

I further state that the business listed above has no outstanding incomplete contracts except as listed below.

PERMIT NO.	ADDRESS of JOB	WHAT WAS BEING BUILT	PERCENTAGE of JOB COMPLETED

If incomplete jobs, what arrangements have been made for completion?

SIGNED BY: _____

STATE OF FLORIDA)

SS:

COUNTY OF DADE)

I hereby certify that on this _____ day of _____, A. D. 20_____ before me did personally appear _____

_____ to me known to be the person described in and who executed the forgoing instrument and did
acknowledge that he/she executed the same freely and voluntarily and for the uses and purposes therein mentioned and that all statements contained
therein are true and honest to the best of his/her knowledge.

WITNESS my signature at Miami, in the County and State aforesaid on the day and year last aforesaid.

NOTARY PUBLIC: _____

My commission expires: _____

FOR OFFICE USE ONLY

Yes No

☐

☐

Board Fines/Fees: \$ _____

Verified by: _____

(Recording Secretary)

☐

☐

Citations _____

Verified by: _____

(Code Compliance Investigator)

Comments: _____



Construction Trades Qualifying Board APPLICANT FINANCIAL HISTORY

(To be completed by the qualifying agent)

NOTE: Under the provisions of Section 10-6 of the Code of Miami-Dade County, certain affirmative conditions must be established for both the qualifying agent and the business entity being qualified including financial responsibility before the Construction Trades Qualifying Board (CTQB) can issue a contractor's business certificate of competency. A credit investigative agency under contract will be forwarded some of the information contained in this application in order to provide a credit report. The information below will also be reviewed by the CTQB.

TYPE or PRINT (must be legible)

1. _____ XXX-XX-_____
Full legal name of qualifying agent Last 4 Digits of Social Security No.
- Home address: Street _____ City, State, Zip Code _____ Home Telephone No. _____
- Driver's License No. _____
- Date of birth _____ Marital Status _____ No. of Dependents _____

2. _____
Name of Business desiring to qualify
- Business Address: Street _____ City, State, Zip Code _____ Business Telephone No. _____

The following questions pertain to the business you desire to qualify,

3. a. Line of Business 3a. _____
- b. If applicable, Federal Identification No. 3b. _____
- c. How long established? 3c. _____
- d. Position or Title 3d. _____
- e. Nature of work 3e. _____
- f. Approximate annual salary or wages from this position. 3f. \$ _____

For the following questions, if the same employer as provided in No. 2 indicate "N/A".

4. a. Business name of employer currently affiliated with 4a. _____
- b. If applicable, Federal Identification No. 4b. _____
- c. Address for employer in 4a 4c. _____
- d. How long with employer? 4d. _____
5. a. If in any business on your own account, state nature and approximate net annual income. 5a. _____
- b. Other income amount and source? 5b. \$ _____, Source _____
6. a. How long have you lived at your present address? 6a. _____
- b. Former home address 6b. _____
- c. Do you own your own home? 6c. Yes ☐ No ☐
- d. If so, provide value? 6d. _____



e. Mortgage?

6e. Yes ☐ No ☐ If Yes, \$ _____

f. What other major assets do you possess?
(attach additional sheet if necessary)

6f. _____

g. What is your estimated net worth?

6g. _____

7. Work History (List names and address of last three employers and dates of employment and the position you held).

	Employed From - To	Title	Employer Name	Address	Phone No.
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

_____ Account Now Active

8.

CREDIT REFERENCES	ADDRESS (City and State)	YES	NO	HIGHEST BALANCE / CREDIT LIMIT
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1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____/_____
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____/_____
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____/_____

9. Bank (s) (Name, Address, City & State)

	Type of Account <u>Checking</u> <u>Savings</u>	Still Active? <u>Yes</u> <u>No</u>
1. _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

10. Have you as an individual, or as a member of a firm, or as an officer or director of a corporation within the past five years refused to pay valid bills? Yes ☐ No ☐

a. In the last five years have you or any member of the business entity, officer or director of the corporation had any connection with any organization which said person was responsible for, been adjudicated bankrupt, or is any such person or organization presently in the process of bankruptcy proceedings? Yes ☐ No ☐

b. Do you the qualifying agent or any member of the firm, officer or director of the corporation had any connection with any organization which said person was responsible for, have any unpaid past-due bills or claims for labor, materials or services, as a result of construction operations? Yes ☐ No ☐

c. c. In the last five years have you had any liens or judgments? Yes ☐ No ☐

d. Satisfied? Yes ☐ No ☐ Disposition _____

e. What other debts to your knowledge do you owe? _____

× _____
Signature of Qualifier

